

9 JUN 1971

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Inspector General's Survey of the Office of
Personnel, April 1971

As requested, following are comments on Recommendation No. 10 of the subject report together with comments on other extract paragraphs of the report which you forwarded to us on 10 May.

1. Paragraph 28

We would be happy to participate in any follow-up studies of suitability cases. We have in fact already informed the Director of Personnel of our readiness in this regard and have invited him to provide us the identities of the 141 adverse action cases in FY 1970 so that we might review these cases with his office. We have also indicated to him that since suitability cases include the domain of the Psychiatric Staff, our review of these cases would be based on the records of this staff as well as those of the Psychological Services Staff.

2. Paragraph 30

Here again, we would be happy to collaborate with the Special Activities Staff of the Office of Personnel in communicating with supervisors and personnel officers concerning frequently occurring categories of personnel problems. In this regard, and since alcoholism is cited as an example of such problems, we might mention that we have just forwarded to your office our suggestions for the establishment of an Agency alcoholism program pursuant to PL 91-616 and the guidelines proposed by the U. S. Civil Service Commission. We believe OMS professional cognizance would be of particular value in the physical and mental health problems discussed by the IG survey.

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3. Paragraphs 52 and 55

We cannot concur in Recommendation No. 10 of the report. In our judgment pre-EOD medical examinations for clerical applicants would not only be costly but they represent an unnecessary solution to the problems mentioned in the survey report. These problems, we believe, would be readily responsive to changes in the scheduling procedures for clerical applicants in the []
If OMS were given complete access to these individuals during their first eight days in the [] OMS disposition on the vast majority of them could be issued within this period without the need for prolonged stay in the [] "due to medical problems". (As it is now, OMS has access to these individuals during the third to fifth days only with the entire second week being devoted to OTR activities.)

There will always be cases where as a result of findings during medical processing, additional information must be obtained, or additional procedures performed, to arrive at a medical disposition. This invariably accounts for any processing delay attributable to OMS, rather than delay due to the limited number of OMS contract medical officer examiners. Paragraph 55 of the survey report extract is incorrect in that it indicates that the examination capacity cited is also for employees processing for overseas. The latter, as you know, are processed at the Headquarters Building medical facility. Our Ames Building facility processes pre-employment, EOD and dependent examinations. In a review, moreover, of our processing at Ames for the past two years we do not find any instances where our capacity was so overloaded that we had to refuse physical examinations. (In the case of dependent processing we modified our system in November 1969 to schedule dependents more evenly throughout the entire year -- and not just before overseas movement -- to avoid any such seasonal peaking.)

We believe the proposal for pre-EOD examinations for clerical applicants to be performed in various cities by contract physicians underestimates the potential delay that would be inherent in such a system. Problems resulting from differing interpretation of standards, lack of uniformity of data, and

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basic lack of experience in examining Agency candidates would be formidable. If clerical applicants were to be examined on a pre-EOD basis, certainly this should be done at headquarters where examining experience would minimize such problems. Only at headquarters moreover could such applicants receive the necessary psychiatric screening processing.

We must seriously question the statement in the survey that an "individual applicant ... due to medical problems during the post-EOD examination ... is held in the [] pool for four months or more without explanation" We suspect that there is a profound misunderstanding involved here or else this is a matter of incomplete information. It is our experience that an applicant is always aware of the reason for any undue delay in a medical disposition, usually we are working closely with the applicant to resolve the matter. Nevertheless, [] officials should be aware -- and we have again reminded them of this -- that we are always prepared to meet with an applicant involved in a delayed disposition for purposes of explanation. We would welcome the opportunity to review with OP any previous cases of delayed medical disposition in this regard.

Finally, we should invite attention to an important aspect of the current procedures for the processing of clerical applicants that is not reflected in the survey report. As part of his Agency application and long before his travel to Washington for EOD, such an applicant completes a Report of Medical History (USCSC Optional Form 58). This is reviewed by the OMS and immediate action is taken to resolve any questions. This might involve, for example, requesting the applicant to obtain additional information from his private physician. It might also involve additional tests which the applicant must undergo -- at his own expense -- to resolve questions raised by the review of his medical history. The essential point to be noted in all of this is that the applicant does not come to Washington "cold" insofar as his medical suitability for Agency employment is concerned. Not only has his medical history been reviewed but often

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we have been working with the applicant before he gets to the
☐ pool to assist in his EOD.



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Director of Medical Services

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